

Application for Employment

We are an equal opportunity employer and applicants are considered for employment without regard to race, color, national origin, religion, sex, disability, veteran status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

| Applicant name:Date: | | | | |
|---|------------------------|-------------------------------------|---------------|---------|
| Position(s) applied for or type of work desired | : | | | |
| Address: | | Telephone #: | | |
| Address: | full-tim | e part-time | te | mporary |
| Do you have any objection to working overtim (Reasonable efforts will be made to accommo | | | Yes | No |
| If yes, please explain: Can you travel if required by this position? | | | | No |
| | amployed by our organ | ization? | Yes | No |
| Have you ever applied to or been previously employed by our organization? Yes Are you legally eligible for employment in the US? Yes | | | | No |
| If you are under 18, can you furnish a work pe | | | Yes | No |
| Have you ever been convicted of, pled guilty t | o or received a susper | nded sentence, to a felony or misde | meanor (other | han |
| a minor traffic violation) in the last 7 | vears? | • | Yes | |
| If yes, please explain (a conviction will not aut | tomatically bar employ | ment): | | |
| | | | | |
| Drivers license number (if driving is an essent | ial job duty): | | | |
| How were you referred to us? | | | | |
| Employment History Please provide all employment information for Employer: | | - | | |
| Address: | | Telephone#: | | |
| Immediate supervisor and title: | | | | |
| Immediate supervisor and title: Dates employed: from | to | Salary: | | |
| Job summary: | | | | |
| Reason for leaving: | | | | |
| | | | | |
| Employer:Address: | | Position held: | | |
| Address: | | Telephone#: | | |
| | | | | |
| Dates employed: from | to | Salary: | | |
| Job summary: | | | | |
| Reason for leaving: | | | | |
| Employer: | | Position held: | | |
| Address: | | Telephone#: | | |
| Immediate supervisor and title: | | | | |
| Dates employed: from | to | Salary: | | |
| Job summary: | | | | |
| Reason for leaving: | | | | |

| Employment History contin | |
|--|---|
| Employer:Address: | Position held:Telephone#: |
| Immediate supervisor and title: | relephone#. |
| Dates employed: from | to Salary: |
| Job summary: | |
| Reason for leaving: | |
| Other Skills and Qualification Summarize any job-related train | ations hing, skills, licenses, certificates, and/or other qualifications: |
| High school: | ears completed, course of study, and any degrees earned: |
| College: | |
| Technical Training: | |
| Other: | |
| | one numbers, and years known (do not include relatives or employers): |
| 2) | |
| 3) | |
| Applicant's Statement Please indicate that you have read | and understand each paragraph by placing your initials beside each paragraph. |
| any supplements thereof is I hereby authorize the pot application from all previo the potential employer a employment decisions and for providing such informa I understand that any miss for cancellation of this ap discovered. If I am employed, I ackno constitute an agreement relationship at will, with or law. I understand that it is the individual with a disability | representation or material omission made by me on this application will be sufficient cause plication or immediate termination of employment if I am employed, whenever it may be eviledge that there is no specified length of employment and that this application does not or contract for employment. Accordingly, either I or the employer can terminate the without cause, at any time, so long as there is no violation of applicable federal or state policy of this organization not to refuse to hire or otherwise discriminate against a qualified because of that persons need for a reasonable accommodation as required by the ADA. |
| authorization within three immediate termination of end immediate termination of end immediate termination of end immediate that an immediate policies, practices, benefit that no representative of N specific period of time or the immediate process. | I am employed, I will be required to provide satisfactory proof of identity and legal work days of being hired. Failure to submit such proof within the required time shall result in employment. statements which may be contained in policies, practices, handbooks, or other company guarantee of employment and that Nuway has the right to modify, amend, or terminates plans, or other programs with the limits and requirements imposed by law. I understand the limits are authority to enter into any agreement for any to make any agreement contrary to the foregoing and that any such agreement must be incorrized officer, and be specifically for employment, to be binding on Nuway. |
| Applicant signature: | Date: |